

NPM #7: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

a) Report of 2002 Major Activities

1. Providing, Monitoring, and Assuring Immunizations—Direct Health Care Services—Children, including CSHCN

All 93 LPHDs provided immunizations to persons in their jurisdiction with funding from the state Immunization Program. Fifteen LPHDs worked directly with child care providers to monitor immunization services of children attending child care, referring those children needing immunizations to appropriate resources, using consolidated contract funds. Twenty-one percent of the 93 LPHDs provided or assured primary care services to children under age 12 including immunization compliance.

2. Coordination with WIC and the state Immunization Programs and enrollment in the Wisconsin Immunization Registry (WIR)—Infrastructure Building Services—Pregnant women, mothers and infants and children, including CSHCN

Coordination with the WIC program continues, with 85% of the WIC providers during 2002 enrolled in the Wisconsin Immunization Registry (WIR). All 93 LPHDs can now access electronically immunization data from the WIR. Five hundred sixty-two provider organizations representing 1,626 providers sites, including 304 private providers, were enrolled on WIR. WIR has data on 2.4 million individual records and 17 million individual immunizations. WIR automatically updates immunization schedule changes into the recall system.

The state Immunization Program continues to provide the Title V MCH/CSHCN Program with annual provider and individual client data including child care agencies and schools. The state Immunization Program, as part of the Government Performance Results Act (GPRA), partnered with the DHCF to track data statewide on all Medicaid enrolled children with completed immunization series (4 DPT, 3 polio, 1 MMR, 3 HIB, and 3 Hep B) by age two. Baseline data for 2002 was 41%; the goal is 90%.

3. Response to Vaccine Shortage in 2002—Population-Based Services—Pregnant women, mothers, infants and children, including CSHCN

One immunization issue that arose during 2002 was a vaccine shortage. One large company stopped producing DTaP and another was behind in their production of the pneumococcal vaccine. A tetanus/diphtheria vaccine shortage caused providers to stop giving routine tetanus/diphtheria boosters.

The national smallpox initiative affected resources in the Immunization Program. A three phase state plan; Phase I is directed at vaccinating local response teams including LPHD

personnel. A total of 250 persons have been vaccinated to date. Phase II and III may not happen due to costs and health related concerns. Following recommendations from the Advisory Committee on Immunization Practices (ACIP), no children under 18 years of age have been vaccinated with smallpox.

One new combo vaccine, PediaRx, by Glaxo-Smith-Kline was introduced this year.

b) Current 2003 Activities

1. Providing, Monitoring and Assuring Immunizations—Direct Health Care Services—Children, including CSHCN

All 93 LPHDs receive state Immunization Program funding and at least 22 have coordinated their activities with additional Title V MCH/CSHCN Program funding. Seven LPHDs use MCH funding for immunization monitoring in child care settings.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)—Infrastructure Building Services—Pregnant women, mothers, infants and children, including CSHCN

WIR plans to enroll additional provider sites and organizations, including WIC sites. Immunization data will be provided by the state Immunization Program to the Title V MCH/CSHCN Program for required annual reporting.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program—Infrastructure Building Services—Pregnant women, mothers, infants and children, including CSHCN

National and international circumstances that result in recommended changes in the immunization schedule will be tracked by the state Immunization Program. Recommended changes will be determined by the ACIP and shared appropriately by the state Immunization Program. An effort to build a consortium of LPHDs, community health centers (CHCs), and tribes to increase immunization compliance levels is occurring with leadership from the state Immunization Program.

4. Tracking Children at Age Two Enrolled in Medicaid—Population-Based Services—Children, including CSHCN

The statewide tracking of Medicaid-enrolled children at age two with up-to-date immunizations will continue. The goal remains at 90%.

5. Racial and Ethnic Disparities in Milwaukee—Population-Based Services—Pregnant women and mothers

A two-year study funded by CDC began in Milwaukee to look at racial and ethnic disparities related to adults receiving preventive influenza and pneumonia vaccines.

c) 2004 Plan/Application

1. Providing, Monitoring and Assuring Immunizations—Direct Health Care Services—Children, including CSHCN

Title V MCH/CSHCN Program funding will continue to support LPHDs interested in providing or assuring primary care services to young children, including immunization monitoring and compliance. This activity will continue to take place in child care settings (among other sites) throughout the state. State Immunization Program funds will continue to support all LPHDs to provide/assure immunizations to those they serve.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)—Infrastructure Building Services—Pregnant women, mothers, infants and children, including CSHCN

The state Immunization Program will continue partnerships with the Title V MCH/CSHCN Program, LPHDs, the WIC Program, the Medicaid Program, tribes, and CHCs. The statewide registry will be expanded and refined as experience and policy changes dictate. The provision of needed data requirements by the Title V MCH/CSHCN Program will be provided annually by the state Immunization Program.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program—Infrastructure Building Services—Pregnant women, mothers, infants and children, including CSHCN

National and international circumstances that result in subsequent policy changes or clinical practices will be tracked by the state Immunization Program. Timely information updates will be shared by the state Immunization Program with appropriate partners.

4. Tracking Children at Age Two Enrolled in Medicaid—Population-Based Services—Children, including CSHCN

Statewide tracking of Medicaid-enrolled children with up-to-date immunization status at age two will continue.

5. Racial and Ethnic Disparities in Milwaukee—Population-Based Services—Pregnant women and mothers

The two-year study funded by CDC to look at racial and ethnic disparities in Milwaukee related to adults receiving preventive influenza and pneumonia vaccines will continue through 2004.